

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90007 041 ***150.00

UBR2/9/2

DOCUMENT # 414192

1. Entity Name
PEDRO REALTY, INC.

Principal Place of Business 419 W. 49TH ST #106 HIALEAH FL 33012 US	Mailing Address 419 W. 49TH ST #106 HIALEAH FL 33012 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1451160**

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERNANDEZ, PEDRO
 15110 FALKIRK PLACE
 MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent

Name
Street/Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, PEDRO	NAME	
STREET ADDRESS	15110 FALKIRK PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, ARMINDA	NAME	
STREET ADDRESS	5481 E 7TH AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33000	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDEZ, LIZA E	NAME	
STREET ADDRESS	5031 S.W. 151ST TR	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MANUEL O	NAME	
STREET ADDRESS	8031 W 15TH LANE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: **04/10/2001** **205 556 6627**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)